

United States Bankruptcy Court
Eastern District of Wisconsin

In re:
Peter V Soumphonphakdy
Phetdavone Keomanipheng
Debtors

Case No. 17-23440-bhl
Chapter 13

CERTIFICATE OF NOTICE

District/off: 0757-2

User: ymr
Form ID: pdf1

Page 1 of 2
Total Noticed: 26

Date Rcvd: Apr 17, 2017

Notice by first class mail was sent to the following persons/entities by the Bankruptcy Noticing Center on Apr 19, 2017.
db/jdb

+Peter V Soumphonphakdy, Phetdavone Keomanipheng, 4925 W. Cold Spring Rd.,
Milwaukee, WI 53220-3660
10080743 +Alliance Col, 3916 S Business Park Ave, Marshfield, WI 54449-9029
10080744 +Alliance Collection Ag, 3916 S Business Park Ave, Marshfield, WI 54449-9029
10080747 +Aurora Health Care, 3301 W. Forrest Home Ave., Milwaukee, WI 53215-2843
10080748 Aurora Health Care, PO Box 341100, Milwaukee, WI 53234-1100
10080749 +Aurora Medical Group, P.O. BOX 343910, Milwaukee, WI 53234-3910
10080750 +Chase Card, Po Box 15298, Wilmington, DE 19850-5298
10080751 +Comenity Bank/bstonstr, Po Box 182789, Columbus, OH 43218-2789
10080754 ERMED SC, 9875 S Franklin Dr, PO Box 320930, Franklin, WI 53132-6151
10080753 +Emergency Medicine Specialists, P.O. Box 26428, Milwaukee, WI 53226-0428
10080758 +Pennymac Loan Services, 6101 Condor Dr, Moorpark, CA 93021-2602
10080759 +Peter Soumphonphakdy, 4925 W Cold Spring Rd, Milwaukee, WI 53220-3660
10080762 Special Procedures Unit, Wisconsin Department of Revenue, PO Box 8901,
Madison, WI 53708-8901
10080763 +Suntrust Bank Atlanta, 55 Park Pl Ne Ste 1055, Atlanta, GA 30303-2531
10080767 +West Allis Memorial Hospital, P.O. Box 341100, Milwaukee, WI 53234-1100
10080768 +Wheaton Franciscan, St. Joseph's Hospital, 5000 W. Chambers St., Milwaukee, WI 53210-1688

Notice by electronic transmission was sent to the following persons/entities by the Bankruptcy Noticing Center.

10080745 E-mail/Text: ebn@americollect.com Apr 18 2017 00:51:29 Americollect Inc, Po Box 1566,
Manitowoc, WI 54221
10080746 +E-mail/Text: susan.macknowski@aspirefcu.org Apr 18 2017 00:51:57 Aspire Fcu,
67 Walnut Ave, Clark, NJ 07066-1696
10080752 +E-mail/Text: bankruptcy_notifications@cccsusa.com Apr 18 2017 00:52:21 Credit Coll,
Po Box 607, Norwood, MA 02062-0607
10080755 +E-mail/Text: bankruptcy@icsystem.com Apr 18 2017 00:51:59 IC System, 444 Hwy 96 East,
Saint Paul, MN 55127-2557
10080756 E-mail/Text: cio.bncmail@irs.gov Apr 18 2017 00:50:59 Internal Revenue Service,
Department of the Treasury, P.O. Box 7346, Philadelphia, PA 19101-7346
10080757 +E-mail/PDF: pa_dc_claims@navient.com Apr 18 2017 00:43:46 Navient, Po Box 9500,
Wilkes Barre, PA 18773-9500
10080761 E-mail/Text: admin@paypps.com Apr 18 2017 00:52:08 Professional Placement Services LLC,
PO Box 612, Milwaukee, WI 53201-0612
10080764 +E-mail/PDF: gecsedirecoverycorp.com Apr 18 2017 00:43:34 Synch/amazon, Po Box 965015,
Orlando, FL 32896-5015
10080765 +E-mail/PDF: gecsedirecoverycorp.com Apr 18 2017 00:44:01 Synch/ashley Homestore,
950 Forrer Blvd, Kettering, OH 45420-1469
10080766 +E-mail/PDF: gecsedirecoverycorp.com Apr 18 2017 00:43:34 Synch/lowes, Po Box 956005,
Orlando, FL 32896-0001

TOTAL: 10

***** BYPASSED RECIPIENTS (undeliverable, * duplicate) *****

10080760* +Phetdavone Keomanipheng, 4925 W Cold Spring Rd., Milwaukee, WI 53220-3660

TOTALS: 0, * 1, ## 0

Addresses marked '+' were corrected by inserting the ZIP or replacing an incorrect ZIP.
USPS regulations require that automation-compatible mail display the correct ZIP.

Transmission times for electronic delivery are Eastern Time zone.

I, Joseph Speetjens, declare under the penalty of perjury that I have sent the attached document to the above listed entities in the manner shown, and prepared the Certificate of Notice and that it is true and correct to the best of my information and belief.

Meeting of Creditor Notices only (Official Form 309): Pursuant to Fed. R. Bank. P. 2002(a)(1), a notice containing the complete Social Security Number (SSN) of the debtor(s) was furnished to all parties listed. This official court copy contains the redacted SSN as required by the bankruptcy rules and the Judiciary's privacy policies.

Date: Apr 19, 2017

Signature: /s/Joseph Speetjens

CM/ECF NOTICE OF ELECTRONIC FILING

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Page 2 of 2
Total Noticed: 26

Date Rcvd: Apr 17, 2017

The following persons/entities were sent notice through the court's CM/ECF electronic mail (Email) system on April 16, 2017 at the address(es) listed below:

Michael S. Georg on behalf of Joint Debtor Phetdavone Keomanipheng georg42370@gmail.com,
Debtadvisors@IAmTheWolf.com, jg@mydebtadvisors.com, debtadvisors@stratusbk.com
Michael S. Georg on behalf of Debtor Peter V Soumphonphakdy georg42370@gmail.com,
Debtadvisors@IAmTheWolf.com, jg@mydebtadvisors.com, debtadvisors@stratusbk.com
Office of the U. S. Trustee ustpreion11.mi.ecf@usdoj.gov

TOTAL: 3

**United States Bankruptcy Court
Eastern District of Wisconsin**

In re Peter V Soumphonphakdy
Phetdavone Keomanipheng

Debtor(s)

Case No.

Chapter

13

CHAPTER 13 PLAN

NOTICES

NOTICE TO DEBTORS: This plan is the model plan as it appears in the Appendix to the Local Rules of the Bankruptcy Court for the Eastern District of Wisconsin on the date this plan is filed. **THIS FORM PLAN MAY NOT BE ALTERED IN ANY WAY OTHER THAN WITH THE SPECIAL PROVISIONS IN SECTION 10.**

☒ A check in this box indicates that the plan contains special provisions set out in Section 10 below.

NOTICE TO CREDITORS: YOUR RIGHTS WILL BE AFFECTED BY THIS PLAN. You should read this Plan carefully and discuss it with your attorney. If you oppose any provision of this plan you must file a written objection. The time to file an objection will be in a separate notice. Confirmation of this Plan by the Court may modify your rights. You may receive less than the full amount of your claim and/or a lesser interest rate on your claim.

You must file a proof of claim in order to be paid under this Plan. Payments distributed by the Trustee are subject to the availability of funds.

THE PLAN

Debtor or Debtors (hereinafter "Debtor") propose this Chapter 13 Plan:

1. Submission of Income.

- ☒ Debtor's annual income is above the median for the State of Wisconsin.
☐ Debtor's annual income is below the median for the State of Wisconsin.

(A). Debtor submits all or such portion of future earnings or other future income to the Chapter 13 Trustee (hereinafter "Trustee") as is necessary for the execution of this Plan.

(B). Tax Refunds (Check One):

- ☐ Debtor is required to turn over to the Trustee 50% of all net federal and state income tax refunds received during the term of the plan.
☒ Debtor will retain any net federal and state tax refunds received during the term of the plan.

2. Plan Payments and Length of Plan. Debtor shall pay the total amount of \$54,900.00 by paying \$915.00 per (check one) ☒ month ☐ week ☐ every two weeks ☐ semi-monthly to Trustee by ☐ Periodic Payroll Deduction(s) from (check one) ☐ Debtor ☐ Joint Debtor or by ☒ Direct Payment(s) for the period of 60 months. The duration of the plan may be less if all allowed claims in every class, other than long-term claims, are paid in full.

☒ If checked, plan payment adjusts as indicated in the special provisions located at Section 10 below.

3. Claims Generally. The amounts listed for claims in this Plan are based upon Debtor's best estimate and belief. Creditors may file a proof of claim in a different amount. Objections to claims may be filed before or after confirmation.

The following applies in this Plan:

CHECK A BOX FOR EACH CATEGORY TO INDICATE WHETHER THE PLAN OR THE PROOF OF CLAIM CONTROLS:

		<u>Plan Controls</u>	<u>Proof of Claim Controls</u>
A.	Amount of Debt	<input type="checkbox"/>	<input checked="" type="checkbox"/>
B.	Amount of Arrearage	<input type="checkbox"/>	<input checked="" type="checkbox"/>
C.	Replacement Value - Collateral	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D.	Interest Rate - Secured Claims	<input checked="" type="checkbox"/>	<input type="checkbox"/>

FAILURE TO CHECK A BOX UNDER A CATEGORY IN THIS SECTION WILL MEAN THAT A PROPERLY FILED PROOF OF CLAIM WILL CONTROL FOR THE CORRESPONDING SUB-PARAGRAPH OF THE PLAN.

4. Administrative Claims. Trustee will pay in full allowed administrative claims and expenses pursuant to 507(a)(2) as set forth below, unless the holder of such claim or expense has agreed to a different treatment of its claim.

(A). Trustee's Fees. Trustee shall receive a fee for each disbursement, the percentage of which is fixed by the United States Trustee, not to exceed 10% of funds received for distribution.

(B). Debtor's Attorney's Fees. The total attorney fee as of the date of filing the petition is \$ 3,500.00. The amount of \$ 450.00 was paid prior to the filing of the case. The balance of \$ 3,075.00 will be paid through the plan. Pursuant to 507(a)(2) and 1326(b)(1), any tax refund submission received by the trustee will first be used to pay any balance of Debtor's Attorney's Fees.

Total Administrative Claims: \$6,182.40

5. Priority Claims.

(A). Domestic Support Obligations (DSO).

☒ If checked, Debtor does not have any anticipated DSO arrearage claims or DSO arrearage claims assigned, owed or recoverable by a governmental unit.

☐ If checked, Debtor has anticipated DSO arrearage claims or DSO arrearage claims assigned, owed or recoverable by a governmental unit. Unless otherwise specified in this Plan, priority claims under 11 U.S.C. 507(a)(1) will be paid in full pursuant to 11 U.S.C. 1322(a)(2). A DSO assigned to a governmental unit might not be paid in full. 11 U.S.C. 507(a)(1)(B) and 1322(a)(2).

(a) DSO Creditor Name and Address	(b) Estimated Arrearage Claim	(c) Total Paid Through Plan
-NONE-		
Totals	\$0.00	\$0.00

(B). Other Priority Claims (e.g., tax claims). These priority claims will be paid in full through the plan.

(a) Creditor	(b) Estimated claim
Internal Revenue Service	\$0.00
Special Procedures Unit	\$0.00
Totals:	\$0.00

Total Priority Claims to be paid through plan: \$0.00

6. Secured Claims. The holder of a secured claim shall retain the lien securing such claim until the earlier of the payment of the underlying debt determined under non-bankruptcy law or discharge under Section 1328. The value, as of the effective date of the plan, of property to be distributed under the plan on account of such claim is not less than the allowed amount of the claim.

(A). Claims Secured by Personal Property.

☐ If checked, The Debtor does not have claims secured by personal property which debtor intends to retain. Skip to 6(B).

☒ If checked, The Debtor has claims secured by personal property which debtor intends to retain.

(i). **Adequate protection payments.** Creditor must file a proof of claim to receive adequate protection payments. Upon confirmation the treatment of secured claims will be governed by Paragraph (ii) below. The Trustee shall make the following monthly adequate protection payments to creditors pursuant to 1326(a)(1)(C):

(a) Creditor	(b) Collateral	(c) Monthly Adequate protection payment amount
Aspire Fcu	2010 Nissan Murano 88000 miles	\$100.00
Suntrust Bank Atlanta	2016 Toyota Tacoma 9283 miles	\$100.00
	Total monthly adequate protection payments:	\$200.00

(ii). **Post confirmation payments.** Post-confirmation payments to creditors holding claims secured by personal property shall be paid as set forth in subparagraphs (a) and (b).

(a). Secured Claims - Full Payment of Debt Required.

☐ If checked, the Debtor has no secured claims which require full payment of the underlying debt. Skip to (b).

☒ If checked, the Debtor has secured claims which require full payment of the underlying debt. Claims listed in this subsection consist of debts (1) secured by a purchase money security interest in a vehicle; (2) which debt was incurred within 910 days of filing the bankruptcy petition; and (3) which vehicle is for the personal use of the debtor; **OR**, if the collateral for the debt is any other thing of value, the debt was incurred within 1 year of filing. See 1325(a)(5). After confirmation the Trustee will pay the monthly payment in column (f).

(a) Creditor	(b) Collateral	(c) Purchase Date	(d) Claim Amount	(e) Interest Rate	(f) Estimated Monthly Payment	(g) Estimated Total Paid Through Plan
Aspire Fcu	2010 Nissan Murano 88000 miles	5/15	\$15,778.00	%5.00	pro rata	\$17,958.27
Suntrust Bank Atlanta	2016 Toyota Tacoma 9283 miles	3/16	\$26,078.00	%5.00	pro rata	\$29,681.55
TOTALS			\$41,856.00			\$47,639.82

(b). Secured Claims - Replacement Value.

☒ If checked, the Debtor has no secured claims which may be reduced to replacement value. Skip to (B).

☐ If checked, the Debtor has secured claims which may be reduced to replacement value. The amount of the debt or the replacement value assigned to the property is in column (d).

(a) Creditor	(b) Collateral	(c) Purchase Date	(d) Replacement Value/Debt	(e) Interest Rate	(f) Estimated Monthly Payment	(g) Estimated Total Paid Through Plan
-NONE-						

TOTALS			\$0.00		\$	\$0.00
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(B). Claims Secured by Real Property Which Debtor Intends to Retain.

(i) ☐ If checked, the Debtor does not have any claims secured by real property that Debtor intends to retain. Skip to (C).

☒ If checked, the Debtor has claims secured by Real Property that debtor intends to retain. Debtor will make all post-petition mortgage payments directly to each mortgage creditor as those payments ordinarily come due. These regular monthly mortgage payments, which may be adjusted up or down as provided for under the loan documents, are due beginning the first due date after the case is filed and continuing each month thereafter, unless this Plan provides otherwise.

(a) Creditor	(b) Property description
Pennymac Loan Services	4925 W. Cold Spring Rd. Milwaukee, WI 53220 Milwaukee County

(ii)

☐ If checked, the Debtor has an arrearage claim secured by Real Property that the Debtor will cure through the Plan. Trustee may pay each allowed arrearage claim the estimated monthly payment indicated in column (d) until paid in full.

(a) Creditor	(b) Property	(c) Estimated Arrearage Claim	(d) Estimated Monthly Payment	(e) Estimated Total Paid Through Plan
-NONE-				
TOTALS		\$0.00		\$0.00

Total Secured Claims to Be Paid Through the Plan: \$47,639.82

(C). Surrender of Collateral. This Plan shall serve as notice to creditor(s) of Debtor's intent to surrender the following collateral. Any secured claim filed by a secured lien holder whose collateral is surrendered at or before confirmation will have their secured claim treated as satisfied in full by the surrender of the collateral.

(a) Creditor	(b) Collateral to be surrendered
-NONE-	

7. Unsecured Claims.

(A). Debtor estimates that the total of general unsecured debt not separately classified in paragraph (b) below is **\$ 110,000.38**. After all other classes have been paid, Trustee will pay to the creditors with allowed general unsecured claims a pro rata share of not less than **\$ 1,077.78** or **1 %**, whichever is greater.

(B). Special classes of unsecured claims:

None

Total Unsecured Claims to Be Paid Through the Plan: \$1,077.78

8. Executory Contracts and Unexpired Leases.

☒ If checked, the Debtor does not have any executory contracts and/or unexpired leases.

☐ If checked, the Debtor has executory contracts and/or unexpired leases. The following executory contracts and unexpired leases are assumed, and payments due after filing of the case will be paid directly by Debtor. Debtor proposes to cure any default by paying the arrearage on the assumed leases or contracts in the amounts projected in column (d) at the same time that payments are made to secured creditors after confirmation.

(a) Creditor	(b) Nature of lease or executory contract	(c) Estimated arrearage claim	(d) Estimated monthly payment
-NONE-			
		Totals:	\$

All other executory contracts and unexpired leases are rejected upon confirmation of the plan.

9. Property of the Estate. Property of the estate shall revert in Debtor (Check one):

- ☒ Upon Confirmation; or
☐ Upon Discharge

10. Special Provisions. Notwithstanding anything to the contrary set forth above, the Plan shall include the provisions set forth below. **The provisions will not be effective unless there is a check in the notice box preceding Paragraph 1 of this plan.**

Section 2 - Plan Payments

☐ IF CHECKED, Plan payments will increase to \$ 0.00 upon completion or termination of __.

☐ IF CHECKED, No Plan payments will be due for the months of __ during the term of the plan. (Summer Skip Provision)

Attorney's Fees are to be paid with all available funds upon confirmation. After confirmation, Attorney's fees shall be paid with all available funds (less trustee fees) each month until paid in full. All available funds shall include all tax refunds.

11. Direct Payment by Debtor. Secured creditors and lessors to be paid directly by the Debtor may continue to mail to Debtor the customary monthly notices or coupons or statements notwithstanding the automatic stay.

12. Modification. Debtor may file a pre-confirmation modification of this plan that is not materially adverse to creditors without providing notice to creditors if the Debtor certifies that said modification is not materially adverse to said creditors.

Date April 11, 2017

Signature /s/ Peter V Soumphonphakdy
Peter V Soumphonphakdy
Debtor

Date April 11, 2017

Signature /s/ Phetdavone Keomanipheng
Phetdavone Keomanipheng
Joint Debtor

Attorney /s/ Michael S. Georg
Michael S. Georg 1029502

State Bar No. **1029502**
Firm Name **Debt Advisors, SC**
Firm Address **2600 N. Mayfair Road**
Suite 700
Milwaukee, WI 53226
Phone **414-755-2400**
Fax **414-257-0172**
E-mail

Chapter 13 Model Plan - as of January 20, 2011